



CARF

News Bulletin

(Official Publication of the Cancer Aid & Research Foundation)

CANCER & COMPASSION

An inspiring tale of how love, faith and courage won against the dreaded disease.....

Seven years ago, Winnie was stricken with Wilms Tumour, a child's cancer where early kidney cells start to grow out of control to form a jumbled mass of cancerous cells.

The first symptoms of the cancer appeared during a holiday in Dubai, when Winnie doubled over with pains in her stomach. The problem was explained away as simple indigestion after an X-ray at local hospital gave an all clear.

Winnie and her family were making arrangements to leave the hospital when a doctor hurriedly approached and convinced them to have the girl undergo an ultrasound. Some hours later the doctor asked for Winnie's mother and dropped the lines that would forever ring in her ears, he said. "Your daughter needs immediate surgery, and her condition is critical".

The ultrasound had revealed a mass in her abdomen that despite being boulder-sized was still growing rapidly. The family headed back to the comfort and familiarity of Bombay for further medical treatment. On arriving here, Winnie was admitted to a hospital for surgery to tackle the tumour. What came out was an unsightly mass of tissue that stunned Virginia by its sheer size, "I couldn't fathom how such a huge tumour

could have been inside my child, her tummy was so flat". A month was dedicated to post operative care and the family was looking forward to the prospect of returning home. But sadly that wasn't to be the end of their woes. A doctor requested the family to get Winnie a through check-up at Tata Memorial Hospital. Baffled but determined to see the problem to the end, they checked in. What followed was 12 days of exhaustive medical tests. This was the hardest time for Virginia as she recalls her daughter's heart-rending sobs during the spinal taps, "Since these punctures in her spine were made without putting her under anaesthesia she would moan in pain and all I could do was pace helplessly outside. It's not easy for a mother to hear that."

The crushing diagnosis was delivered three days later. The doctors didn't hold out much promise for Winnie as they said she was in the last stages of cancer and since they had very little experience with Wilms Tumour, treatment from then on would be touch and go.

Stoic until the verdict Virginia remembers

breaking down that night, "I promised I would never let Winnie see me cry but in private I did break down." After the diagnosis came a steady diet of punishing chemotherapy for 12 weeks. Since Winnie's condition was grave, the anti-cancer drugs that were usually administered with drips were directly injected into her veins. This weekly regimen of chemo left Winnie nauseous and weak as she subsisted on nothing but milk which in itself was difficult to digest. Doctors advised Virginia to grant her daughter's every desire for food since her appetite was nearing anorexic portions. Sister

Melissa recalls late night trips to Chowpatty for the fruit salads, "There was one time when I had to carry my study material to the beach as I had an important exam the next day. So there we were the three of us wolfing down a plate load of fruit while I raced through my books."

It seems human nature has an uncanny habit of revealing itself in times of adversity. Virginia recounts the generosity and optimism of many well-wishers, "Cancer is expensive but somehow the finance was always there, people would just press money into my hands that would promptly disappear behind this medicine or that test."

Choking pessimism also came Virginia's way when she received a visitor who had lost her 28-year-old son to the disease, "She told me to be grateful for the years that I had with Winnie in the likelihood that I may lose her. But I prayed through all the negativity that I saw in people's faces and begged God to heal her."

The chemo rounds ended only to be replaced with the prospect of yet another surgery. This one seemed like cruel fate because the doctors advised the removal of Winnie's left healthy kidney as the radiation that was to follow would destroy the organ anyway. Humour didn't abandon the family still as Melissa who was all of 10 years then remembers with a giggle, "I was holding



Winnie Halyburton (right) with her sister and mother

Winnie's hand as she was receiving blood and before anyone knew it I had passed out on the floor. Thereafter, I was banned by the doctors from viewing such sights on my visits." The younger one spent much of her time home alone while Virginia made constant trips to the hospital to be with Winnie. The neighbourhood community was instrumental in helping the family cope. There would be thoughtful gestures of hot meals on days when they were simply too busy to worry about stoking kitchen fires.

The kidney removal surgery was followed by two weeks of radiotherapy that involves the use of x-rays to destroy cancer cells in the affected area. These two-hour daily sessions left Winnie's skin discoloured and nauseous. Further the last leg of the treatment involved 52 weeks of chemotherapy that gave the family some measure of normalcy as the doses came once every three weeks.

At the end of the programme, all form of tests were done to check for signs of the cancer. Winnie was all clear. What would ordinarily have been a nail-biting anxious wait for the reports was anything but. Winnie, Virginia and Melissa knew with absolute certainty what was awaiting them. "Even while the doctors gave up we knew that God would see us through. There was never any doubt in our minds," says the cancer survivor with complete conviction. Who was it that once said that faith can move mountains?

(Mumbai Mirror, February 3, 2007)

Thoughts Of



Ms. Deveika Bhojwani

Vice President of the Women's Cancer Initiative,
Tata Memorial Hospital,
Parel, Mumbai.

You are never really prepared for any major illness. You always think it will happen to 'someone else'. It was much scarier in my case when six years ago, I discovered quite by chance that I had breast cancer.

I had taken my daughter to the gynaec for a check-up. As I was waiting for her and had time on my hand, I decided to get a mammogram done. Unfortunately, it picked up the first stages of breast cancer called micro-calcification. The gynaec then suggested that I meet an oncologist. The two-week wait for the tests were hell and when the results came in positive, I was devastated! All myths and misconceptions about breast cancer just came crowding in on me. My initial reaction was numbness. I kept wondering 'Why me?' I faced the trauma of losing a breast and also the stigma associated with cancer. I wondered how the rest of the world would perceive me and finally the guilty feeling that perhaps I had let my family down.

But then I decided to get a grip on myself and look at this situation objectively. I told myself in no uncertain terms that I would beat this and I did!

I realized that all my fears were in my head. I received unconditional support from my family after I broke the news to them. My doctor also told me that I did not have to lose a breast since the cancer was detected at a very early stage.

I started educating myself about the disease. I downloaded lots of information from the internet. Then I enlisted myself in several support groups. No matter how supportive your family is, they can't empathize with you the way another cancer patient can. Also I didn't tell too many people about my ailment since I didn't want their pity or sympathy. I was very disciplined about my treatment. I spent a lot of time meditating and doing reiki on myself. Meditation helped me focus on what's important and helped me think clearly. Reiki was my way of reinforcing belief in the body's natural healing powers. Then I consulted a dietician who put me on an amazing detox diet that helped me build my immune system. The bottom line is that I didn't let cancer take over my life. I tried to lead as normal a life as possible. It has been a blessing in disguise since it taught me to count my days and live each day well, doing whatever little I can to help others.

Dust chip to keep track of cancer

A MICROCHIP no bigger than a speck of dust could help to identify cancers that are likely to spread. The chip works by spying on cancer cells deep inside a tumour and monitors their activities to see if they are likely to metastasise (start spreading through the body).

The chip then transmits its findings back to a computer so that doctors can start treating the cancer more aggressively if it looks as if it could disperse.

Dubbed the world's smallest cancer detection device, it is being developed with the aid of more than 1 million pounds from the US National Cancer Institute.

The chip would be injected into a tumour, where it would carry out its spying duties for several days or weeks.

One-tenth of a millimetre in diameter, the chip tells how a cancer is developing by monitoring how its cells interact with surrounding tissues and chemicals. This can provide clues as to whether cancerous cells will invade other organs.

Malignant tumours spread by sending out cancer cells into the bloodstream, where they usually travel to major organs such as the lungs, liver, brain and bones.

(Mumbai Mirror, December 14, 2006)

A 34-inch waist doubles the risk of womb cancer



Watch out for those extra inches!

The obesity epidemic means women are now far more at risk of womb cancer than 50 years ago.

Those with the average 34-inch waist are twice as likely to develop the disease than those who are three or more inches slimmer, a study shows. Women in the 1950s were protected because they were six inches trimmer on average than their counterparts today. As many as one in

five deaths from cancer is caused by being over weight, suggesting about 26,000 deaths a year could be avoided if adults keep to a healthy weight. Doctors have uncovered a link but have been unable to explain it.

Research, partly funded by the charity Cancer Research UK, found expanding waistlines are to blame for the surge in womb cancer over the last decade. More than 5,500 women a year are diagnosed with endometrial cancer, which is 19% up higher than in the early 1990s.

About 1,000 women are killed by the disease in Britain annually. The study also found those who are obese - with body mass index of 30 or more - and women who have put on more than 44lb since the age of 20 are at almost double the risk of the cancer.

Scientists also discovered a 'particularly strong' link in post-menopausal women and those who had never taken hormone replacement therapy or used the contraceptive pill. Dr. Lesley Walker, director of cancer information for Cancer Research UK, said:

"According to the National Sizing Surve conducted in 2004 the average British woman now has 34 inch waist, which is over 6 inches bigger than the average size of a woman in the 1950s, when it was 27.5 inches."

(The Times of India, February 22, 2007)

IT'S NOW OR NEVER

Dr. Suwas Darvekar, a surgeon who's also working on oral cancer through the Sangeeta Darvekar Charitable Trust, tells you how you can try to quit smoking:

- Make up your mind and be focussed
- Take the help of your family in order to overcome withdrawal symptoms, bowel problems, insomnia
- Replace cigarettes with nicotine gum
- Consult rehabilitation centres for treatment through medicines and yoga
- Do not be victimised by peer pressure
- Make your loved ones and fellow smokers aware about the chronic illnesses such as asthma and lung cancer

(Mumbai Mirror, February 22, 2007)

Cancer Fighting Foods

Spicy food may keep cancer away!

A daily diet rich in spices may offer protection against cancer and other illnesses. This may be the reason, researchers say, why Indians suffer lower cases of many cancers. A chemical called capsaicin, which gives spicy food its kick, holds the key to the next generation of anti-cancer drugs, it was reported. Timothy Bates and other researchers at the University of Nottingham found that capsaicin can kill cancer cells by directly targeting their energy source, indicating that people could control or prevent the onset of cancer by eating a diet rich in capsaicin. "This is incredibly exciting and may explain why people living in countries like Mexico and India, who traditionally eat a diet that is very spicy, tend to have lower incidences of many cancers that are prevalent in the Western world", Bates said. Researchers tested the compound in a laboratory on human lung cancer cells, which Bates said produced 'startling results'.

A similar test on pancreatic cancer - one of the most difficult forms of cancer to treat - also produced results hailed as 'highly significant'. "As these compounds attack the very heart of the tumour cells, we believe that we have in effect discovered a fundamental 'Achilles heel' for all cancers," he said. The researchers are currently seeking industrial partners to enable these agents to be used in clinical trials. The full results of the study can be found online in the journal *Biochemical and Biophysical Research Communications*.

(The Times of India, January 14, 2007)



Spicy food contains capsaicin, which has health benefits

Olive oil could help prevent cancer

Adding plenty of olive oil to your diet could protect you from cancer, suggests a new study. Olive oil contains a number of compounds, called phenols, which are believed to act as powerful antioxidants. Scientists led by Henrik Poulsen at the Copenhagen University Hospital looked at 182 healthy men aged between 20 and 60 from five European countries.

They found that those who had 25 milliliters of olive oil per day had reduced levels of a substance, which indicates cell damage. The scientists added either virgin, common or refined olive oil to their diets over two weeks. At the end of the study, scientists measured levels of the substance, which indicates oxidative damage to cells, called 8oxodG, in the men's urine. Oxidative damage is a process whereby the metabolic balance of a cell is disrupted by exposure to substances that result in the accumulation of free-radicals, which can then damage the cell. The men were found to have around 13 percent less 8oxodG compared with their levels at the beginning of the study. "This data may explain why many cancer rates are higher in northern Europe than the south, where olive oil is a major part of the diet," the scientists said. "Although this study suggests that olive oil can reduce DNA damage that could lead to the development of cancer, more long-term research is needed to confirm these effects," Anthea Martin, science information officer at Cancer Research UK, said.

(The Times of India, December 25, 2006)



OLIVE OIL: The magic cure?

What are the health benefits of eating peas?



Green peas are bursting with nutrients. They provide good to very good amounts of 8 vitamins, 7 minerals, dietary fiber and protein. Green peas' supercharged nutritional profile can supercharge your health.

Green peas provide nutrients that are important for maintaining bone health. They are a very good source

of vitamin K1, which activates osteocalcin, the major non-collagen protein in bone. Green peas also serve as a very good source of folic acid and a good source of vitamin B6.

Green peas a very good source of vitamin thiamin-vitamin B1 and a very good source of Vitamin B6, riboflavin-vitamin B2 and niacin-vitamin B3, all of which are nutrients that are necessary for carbohydrate, protein and lipid metabolism. Green peas are also a good source of iron, a mineral necessary for normal blood cell formation and function.

(The Times of India, November 27, 2006)

Other beneficial food products

Soy

Soy foods are high in phytoestrogens and isoflavones, which block some hormonal activity in cells. Diets high in soy products have been associated with lower rates of cancers of the breast, endometrium and prostate. Soy can be found in soybeans, soy milk, tofu, miso and meat-substitute products like "veggie burgers."

Fish

Foods rich in b6, when combined with dark leafy greens such as salad greens, can help prevent the onset of colorectal cancer. Salmon, a fish loaded with b6, has also been linked to the prevention of skin cancer.

Corn

Though the nutritive benefits of corn are sometimes outweighed by the unhealthy fat and additives used to turn it into starchy snacks and sweeteners, in its unprocessed form, kernels from one medium ear (90g) provide a good source of vitamin c, thiamin, and folate. The phytonutrient zeaxanthin supplies corn's yellow colour and helps maintain eye health. According to USDA researchers, zeaxanthin intake may also reduce the risk of certain types of cancer, especially lung and breast cancers. One medium ear of corn contains about 77 calories.

(http://www.dolenutrition.com/facts_ae.aspx#antioxidants)

BREAST CANCER

What Is Breast Cancer?

The breast is made up of millions of cells that are constantly being renewed and replaced. Breast cancer develops when single cell begins to multiply out of control. As the cancer grows, some cells may eventually break away and spread to other parts of the body. The breast has many different parts. There are around 10 to 15 sections (lobes) made up of smaller parts called lobules. These are connected to the nipple by tubes known as ducts. Breast cancer usually starts in cell lining a duct or lobule.

Are All Breast Lumps Cancer?

Most breast lumps are benign (be-nine); that is, they are not cancer. But some benign breast lumps can increase a woman's risk of getting breast cancer go to your doctor straight away if you notice a lump.

What Causes Breast Cancer?

We do not yet know exactly what causes breast cancer, but we do know that certain risk factors are linked to the disease.

Gender: Simply being a woman is the main risk for breast cancer. While men can also get the disease, it is about 100 times more common in women than in men.

Age: The chance of getting breast cancer goes up as a woman gets older. Nearly 8 out of 10 breast cancers are found in women age 50 or older.

Genetic risk factors: About 5% to 10% of breast cancers are linked to changes (mutations) in certain genes. Women with these gene changes have up to an 80% chance of getting breast cancer during their lifetimes.

Family history: Breast cancer risk is higher among women whose close blood relatives have this disease. Having a mother, sister, or daughter with breast cancer about doubles a woman's risk.

Personal history of breast cancer: A woman with cancer in one breast has a greater chance of getting a new cancer in the other breast or in another part of the same breast. This is different from the first cancer coming back (recurrence).

Earlier breast radiation: Women who have had radiation treatment to the chest area (as treatment for another cancer) earlier in life have a greatly increased risk of breast cancer.

Menstrual periods: Women who began having periods early (before 12 years of age) or who went through the change of life (menopause) after the age of 55 have a slightly increased risk of breast cancer.

Not having children: Women who have not had children, or who had their first child after age 30, have a slightly higher risk of breast cancer.

Birth control pills: Taking the contraceptive pill may cause a small increase in risk, but the risk returns to normal after one stops taking it.

HRT: The risk of breast cancer is likely to increase the longer one takes hormone replacement therapy. More research is in progress.

Breast -feeding: The longer a woman breastfeeds her children, the lower her risk of breast cancer.

Alcohol: Research suggest regularly drinking large amount of alcohol slightly increases risk.

Obesity and high-fat diets: Being overweight is linked to a higher risk of breast cancer.

Exercise: Studies show that exercise reduces breast cancer risk.

What are the Symptoms Of Breast Cancer?

It is often women themselves who first notice their breast cancer. Most changes are not caused by cancer, but it is very important to report anything unusual to the doctor.

Look for.....

- Changes in the size or shape of the breast causing flattening of the skin
- A new lump or thickening in one breast or armpit
- Any puckering, dimpling or redness of the skin
- Changes in the position of the nipple or if it has started to draw in, a rash or nipple discharge
- Pain or discomfort that is new to you and felt only on one side
- New veins which stand out particularly on one breast and not the other.

Breast awareness, and breast screening for the over 50s, offers the best chance of finding breast cancer early. But it is important to remember that 9 out of 10 lumps or changes are harmless but still any change should be reported to the

doctor.

If Breast Cancer Is Suspected

If there is any reason to think you might have breast cancer, you will need other tests.

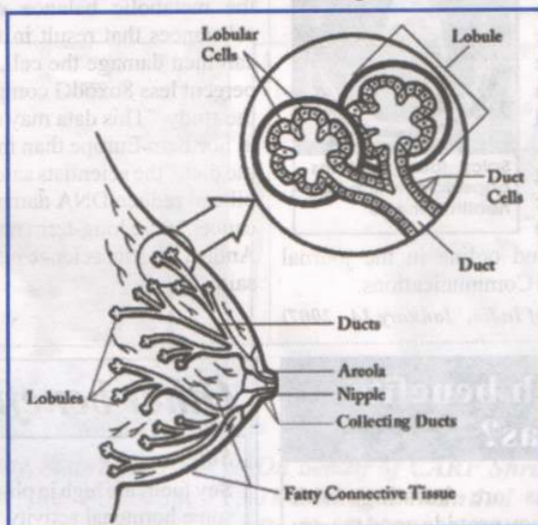
Imaging Tests

A mammogram cannot show for sure whether cancer is present or not. If your mammogram points to a possible problem, a sample of breast tissue is removed and looked at under a microscope. This is called a **biopsy**.

Breast ultrasound: It is used to look at a certain area of concern found by the mammogram. It also helps to tell the difference between cysts and solid masses without using a needle to draw out fluid.

A **ductogram** (also called a **galactogram**) is a special kind of x-ray. It will show if there is a mass inside the duct. If there is a discharge, the fluid can be tested for cancer cells.

MRI (magnetic resonance imaging): An MRI scan uses radio waves and strong magnets instead of x-rays.



AWARENESS

Biopsy

A biopsy is done when other tests show that you might have breast cancer. During this test, cells from the area of concern are removed so they can be studied in the lab.

How Is Breast Cancer Treated?

Types of Surgery for Breast Cancer

Lumpectomy: Lumpectomy involves removing only the breast lump and some normal tissue around it.

Partial (segmental) mastectomy: This surgery involves removing more of the breast tissue than in a lumpectomy.

Simple or total mastectomy: In this surgery the entire breast is removed but not the lymph nodes under the arm or muscle tissue from beneath the breast. Sometimes both breasts are removed, especially if the woman is at very high risk for breast cancer.

Modified radical mastectomy: This operation involves removing the entire breast and some of the lymph nodes under the arm.

Radical mastectomy: This is extensive removal of entire breast, lymph nodes, and the chest wall muscles under the breast.

Chemotherapy

Chemotherapy is the use of cancer-killing drugs injected into a vein or taken as a pill. If chemotherapy is given after surgery it can reduce the chance of breast cancer coming back. Chemotherapy can also be used as the main treatment for a woman whose cancer has already spread outside the breast and underarm area or that spreads widely after the first treatment. Chemotherapy may be given before surgery, often to shrink the tumour in order to make it easier to remove. Chemotherapy is given in cycles, with each period of treatment followed by a break. The total course of treatment usually lasts for 3 to 6 months.

Radiation Therapy

Radiation therapy is treatment with high-energy rays (such as x-rays) to kill or shrink cancer cells. Treatment is usually given 5 days a week in an outpatient center over a period of about 6 or 7 weeks, beginning about a month after surgery. Each treatment lasts a few minutes. The treatment itself is painless.

Hormone Therapy

The female hormone estrogen promotes the growth of breast cancer cells in some women. For these women, several methods to block the effect of estrogen or to lower its levels are used to treat breast cancer.

Other Treatments

Recent studies have shown that adding one year of Herceptin treatment to chemotherapy lowers the rate of cancer coming back and the death rate over chemotherapy alone after surgery for certain women.

Two drugs (bisphosphonates) that help strengthen bones are used in breast cancer treatment. They can strengthen bones that have been weakened by invading breast cancer cells. The drugs are given into a vein to help prevent bone damage if the cancer has spread to the bone.

How To Carry Out a Self Breast Cancer Examination (SBE)?

SBE should be carried out once a month by the woman herself, preferably after her periods. There are two way of doing the examination: Looking, Feeling

Looking:

Stand in front of a mirror and look at your breasts in the following positions.

- 1) With your arms relaxed at your sides-check the breasts then turn to the left and right and check the outer sides.
- 2) With your arms extended over your head- again also check the outer sides of the breasts.
- 3) Place your hands on your hips and press your shoulders and elbows forward until your chest muscle tightens- look again, turning to the left and right as before.

Feeling:

Check your breasts while you're in the bath or shower or when you're lying on the bed. A soapy hand or one sprinkled with talc or moisturiser will move over your breast more easily.

- 1) Raise your right arm above your head. With your left hand carefully examine your right breast using the flat part of your fingers, not the fingertips.
- 2) Cover the whole breast starting from under the armpit using gentle but firm pressure. Examine the breast in ever decreasing circles until you reach the nipple.
- 3) Finally, push down gently on and around the nipple using one finger.

Make sure you don't miss any areas. Repeat on your left breast. Women with larger breasts may find it easier to examine them when lying down.

Preventive Measures:

- 1) Self Breast examination should be done regularly every month preferably after periods.
- 2) Any changes in the look or feel of breasts should be reported to your doctor because earlier detection can save lives.
- 3) Reduce your weight if it is above the upper limit for your age because the fat stores hormones which seems to increase your cancer risks.
- 4) A well balanced diet of five portion of fruits and vegetables everyday and less of fats.
- 5) Mammography as a screening procedure should be done once in 2 years over the age of 35 years.

Regular exercise cuts risk of breast cancer in women

Women who exercise regularly can cut their risk of breast cancer by a third, say researchers. Those who swim, jog or do aerobic sports for more than five hours a week have a lower risk, they found. The risk of early-stage breast cancer was cut by 31% and there was a 20% drop in invasive cancer cases. "A woman's long-term exercise habits are important in determining her future breast cancer risk," said Professor Leslie Bernstein, of the University of Southern California. "It confirms that breast cancer risk is influenced by consistent participation in strenuous forms of exercise." The research, published in the Archives of Internal Medicine, looked at 110,000 women aged 22 to 79.

During the decade-long study 2,649 were diagnosed with invasive breast cancer and 593 with early stage cancer. The risk of both types was reduced among those doing five or more hours of exercise a week.

(The Times of India, March 6, 2007)

Events Of CARF



We at CARF would like to thank the entire staff of "Atria Mall" for making the Christmas evening a wonderful, joyful and memorable one for the cancer patients.



Mr. Mudrekabhaisab Zakiuddin (extreme left) and Mr. Qasimji Yusuf (extreme right) Trustee and CEO respectively of Saifee Hospital with Prof. A. A. Kazi and Prin. M. S. Lokhandwala.



Ms. K. S. Syed, Officer on Special Duty, State Minorities Commission Maharashtra, visited the Foundation Office.



On behalf of CARF Shri. Syed Sibtey Razi, Governor of Jharkhand handed over cheques totalling to Rs. 11,75,000/- to the needy cancer patients.



Mr. S. S. Tambe - Asstt. Charity Commissioner being welcomed by Prof. A. A. Kazi.



Prof. Vishin B. Lalla from the U.S.A with his wife and daughter at the Foundation.

Events Of CARF

Head & Neck Cancer Awareness



Dr. Rehan Kazi, a revolutionary force in the field of 'Voice Restoration' with his patient Mr. Jamil Ansari (L). CARF organized talks by Dr. Rehan Kazi on Surgical Voice Restoration following total Laryngectomy at various venues all over Mumbai for practitioners and public alike. The picture on the right was taken at one such gathering at Bhiwandi.



The International Live Head & Neck Oncosurgery Workshop, 2007

Dept. of ENT & Head- Neck Surgery, Seth G. S. Medical College of K. E. M. Hospital conducted the International Live Head and Neck Oncosurgery Workshop, 2007. It was held at I. T. C. Grand Central Sheraton, Parel, Mumbai from 9th to 11th March, 2007. Padmabhushan Dr. L. H. Hiranandani was the Guest of Honour. Dr. Rehan Kazi presented his Byer's Award paper and a talk on Post Laryngectomy Rehabilitation for speech and swallowing. His work was much appreciated by all those attending the workshop.



Mr. Peter Rhys - Evans, Consultant Head & Neck/Thyroid Surgeon, Patron CARF, interacts with the staff at the Foundation.



Enthusiastic team of CARF at the Standard Chartered Mumbai Marathon.

Branches of CARF, Mumbai

1) Cancer Aid Foundation- New York (U.S.A):

Mr. Jenik Radon, a noted Solicitor of the U.S.A has registered this branch in New York with three directors namely: Mr. Jenik Radon, Ms. Rahat Raj and Prof. A. A. Kazi. Further developments about this branch are awaited.

2) Cancer Aid Foundation- California (U.S.A):

This branch has been registered in California with the following Board of Directors:

- 1) Mr. Fareed Farukhi - President
- 2) Dr. Mehmood Hakim - Vice President
- 3) Dr. Faizy Ahmed - Secretary
- 4) Dr. Fakhruddin A. Kadri - Treasurer
- 5) Mrs. Hooria Hoori Sadler - Member
- 6) Dr. Krishna M. Reddy - Member
- 7) Dr. Altaf M. Kazi - Member

3) Cancer Aid Foundation- Kokan: This branch is registered under Societies Registration Act 1860 and also under the Bombay Public Trust Act, 1950 approved by the Asst. Charity Commissioner, Ratnagiri Region, dated 13th December 2006. The branch will cater to the needs of 3 districts of the Kokan (Raigad, Sindhudurg, Ratnagiri). The Managing Committee consists of following members:

- 1) Mr. Khalil Naik - Chairman
- 2) Mr. John Noronha - Vice Chairman
- 3) Mr. Salman Kardame - Vice Chairman
- 4) Mrs. Neelam Fazal Master - Treasurer
- 5) Dr. Munir S. Mhaskar - Secretary
- 6) Adv. Shafi I. Kazi - Member
- 7) Mr. Osman Malvankar - Member
- 8) Mr. Jayant C. Tipnis - Member
- 9) Mr. Ashraf Biran - Member
- 10) Mr. Hamid Mistry - Member
- 11) Mr. Rafique Naik - Member



Dr. Jatin P. Shah
Professor of Surgery and
Chief, Head & Neck
Service, Memorial Sloan
Kettering Cancer Center,
New York, USA as
Patron, CARF.

Welcome

On

**B
o
a
r
d**



Mr. Mahesh Bhatt
Noted Film-Maker
as **Trustee, CARF.**

► Announcement ◀

The Cancer Aid & Research Foundation has published information leaflets for cancer patients for free distribution. These deal with Cancer of the larynx, Salivary gland cancer, Head & neck cancer, Oral cancer, Thyroid cancer and general information about Cancer. And are published in English, Hindi and Urdu.

If you wish to avail of these leaflets write to us or call us at the office address mentioned below and we will be glad to send them to you.

**‘ At times we may not know where God is,
but we can be confident that he knows where we are.’**

CANCER AID & RESEARCH FOUNDATION

- Registered under the Bombay Public Trust Act, 1950.
- Donations exempted under 80G of the Income-Tax Act, 1961
- E-mail: cancerarfoundation@yahoo.com
- Website: www.cancerarfoundation.org

- ✓ Providing financial and medical help to poor & needy cancer patients.
- ✓ Providing rent free accommodation & return railway fare to poor outstation cancer patients.
- ✓ Creating awareness about cancer & initiating steps for early cancer detection.
- ✓ Providing free counselling to the cancer patients and their family members.
- ✓ Providing free ambulance service to poor & needy patients in Mumbai & Thane.
- ✓ Screening of cancer films in schools and other institutions.



TM

The Govt. of India has also permitted us to receive overseas contributions vide our Foreign Contributions Registration No. 083780936. The same can be credited to 'Cancer Aid & Research Foundation' S.B.A/c. No. 026104000088372. IDBI Bank, Prabhadevi Branch, Mumbai- 400 025. INDIA.

Please draw your cheque in the favour of **Cancer Aid & Research Foundation** and send it to its Adm. Office: **Cancer Aid & Research Foundation,** Municipal School Bldg., Grd. Flr., Room Nos.15-18, Near 'S' Bridge, N.M. Joshi Marg, Byculla(W), Mumbai - 400 011.
Tel. No :091-22-2300 5000. TeleFax: 23008000

All views expressed in the CARF News Bulletin belong to the author. The Foundation need not necessarily subscribe to them.

- Chief Editor: Dr. Rehan A. Kazi- Head & Neck Cancer Surgeon, MS, DNB, DLORCS (Eng), DOHNS (Eng), PhD (Lon) • Sr. Editor: Mrs. Shahina Kara
- Publisher: Asstt. Sec. Manager: Mrs. Asha Mamidi • Asstt. Manager (Publicity & Publication) : Ms. Tabassum Khan • Photography: Mr. Mangesh Achrekar
- Layout: Mrs. Nazma Shaikh & Mr. Suleman Shah • Printed at: Print world, (Mr. Shamshi Z. Mulla +91-9890241699) Bhiwandi, Dist. Thane